

# **Understanding the Public's Response to a Possible Scenario Involving Inhalation Anthrax**

## **Clinician Outreach and Communication Activity (COCA) Conference Call July 23, 2013**

# Objectives

**At the conclusion of this session, the participant will be able to accomplish the following:**

- ❑ Describe the process used by HORP for public opinion polling;
- ❑ Discuss planning strategies emergency response planners can use to encourage adoption of recommended behaviors during a medical countermeasure response; and
- ❑ Identify perspectives that may be different for racial/ethnic minority groups and can enhance both communication and planning in such communities.

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# TODAY'S PRESENTER



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# TODAY'S PRESENTER



**Gillian SteelFisher, PhD, MSc**

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# Public Response to Worst Case Anthrax Scenarios

**Laura J. Ross, PhD**

Lead Health Communication Specialist

COCA Call/Webinar

July 23, 2013



Office of Public Health Preparedness and Response  
Division of State and Local Readiness



# CDC's Strategic National Stockpile (SNS)

- ❑ Pharmaceuticals and other life saving medical materiel and equipment
- ❑ Supplements state and local medical supplies



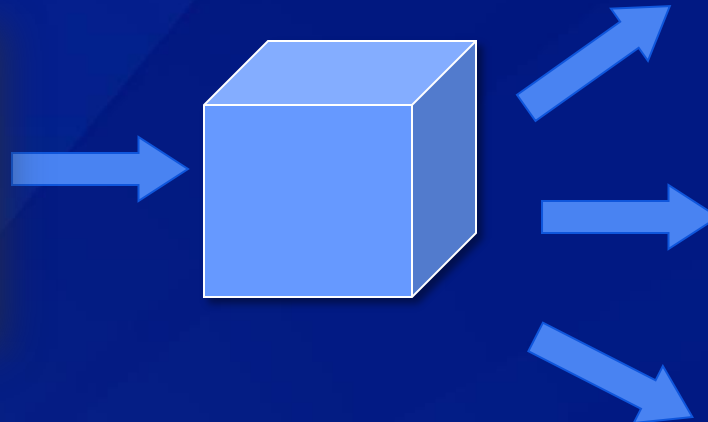


# Medical Countermeasure Operations

**SNS Assets Deployed**

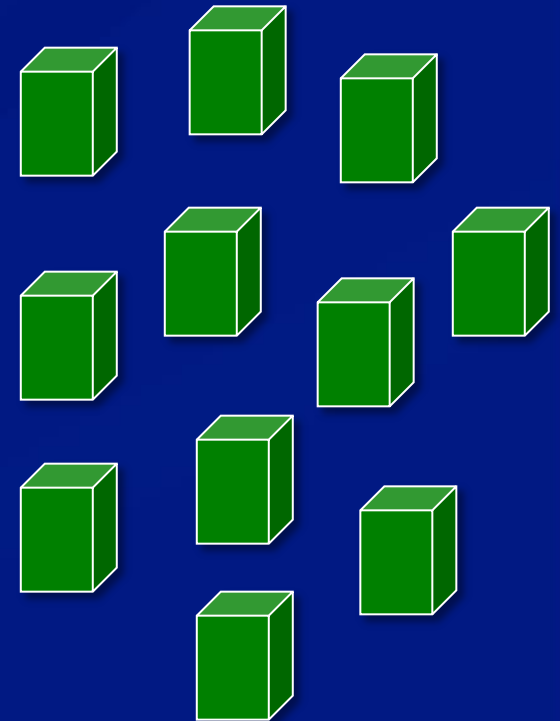


- Operations
- Logistics



**RSS Warehouse  
(Receipt, Stage, and Store)**

**Points of Dispensing  
(PODs)**

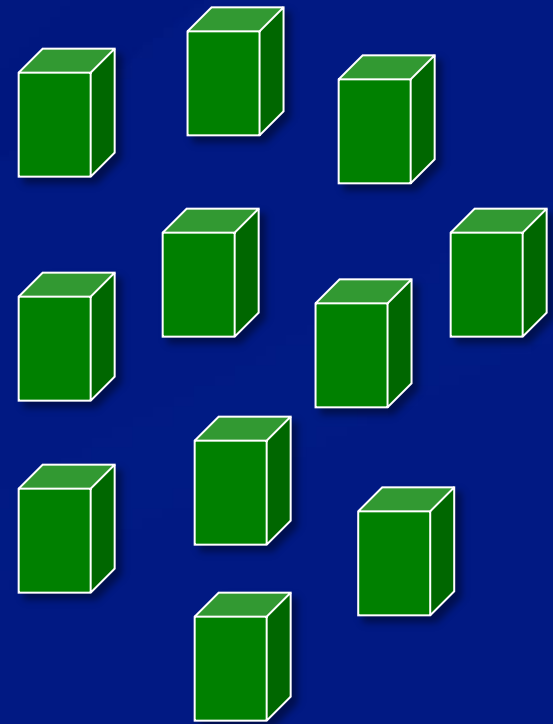
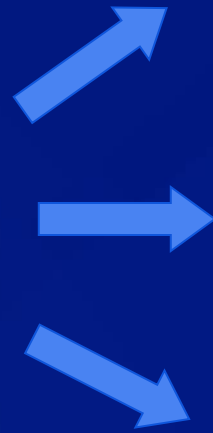


**Federal Level**

**State Level**

**Local Level**

# Pills in People



**Local Level**

- ❑ Mobilizing the public to and through the dispensing sites
- ❑ Encouraging the public to take their pills as directed
- ❑ Providing follow-up information

## **Given this scenario, wouldn't it be nice to know...**

- ❑ What the public knows about anthrax?**
- ❑ How concerned the public is about an anthrax attack?**
- ❑ If the public will get pills in the recommended timeframe?**
- ❑ If the public will take pills as recommended?**
- ❑ If children can swallow pills?**
- ❑ If people would flee?**
- ❑ If alternate methods of dispensing are perceived as fair?**

# Polling Project Purpose

- ❑ **Find out answers to those questions!**
  - Obtain information about how the public will react during a mass dispensing scenario
  - Identify the public's perception of barriers of going to a POD
- ❑ **Improve messaging**
- ❑ **Use data to develop informed plans at all levels**



# Approach

- ❑ **Three rounds of data collection**
- ❑ **National telephone polling (landlines and mobile)**

December 2009

Assess baseline knowledge  
Determine intention to follow recommendations  
Identify trusted sources of information

December 2010-  
January 2011

Trend data  
Explore perceptions of U.S. Postal Service delivery option  
Examine differences between racial/ethnic groups

December 2012-  
January 2013

Continue trending data  
Explore evacuation likelihood  
Identify pill swallowing abilities of children and adults  
Examine perceptions of closed PODs

# Questions/Comments?

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



Office of Public Health Preparedness and Response

Division of State and Local Readiness



# **The Public's Response to Biological Terrorism:**

## ***A Possible Scenario Involving the Release of Anthrax in an Unidentified Location***

### **Wave III - 2013**

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HSPH, the National Public Health Information Coalition and the CDC**

# Approach and Methods Summary

- Rapid polling
  - Technology transfer from politics and major media organizations
  - Applied to public health emergencies
    - Response & baseline
  - Information: Awareness, knowledge, attitudes, actions & communication
- Telephone poll (landlines and cell phones)
- Conducted December 17, 2012, to January 11, 2013.
- Nationally representative, random sample of adults in the United States: 1509 respondents, including oversample of parents
  - 676 total parents, including:
    - 158 Hispanic parents
    - 171 African American parents

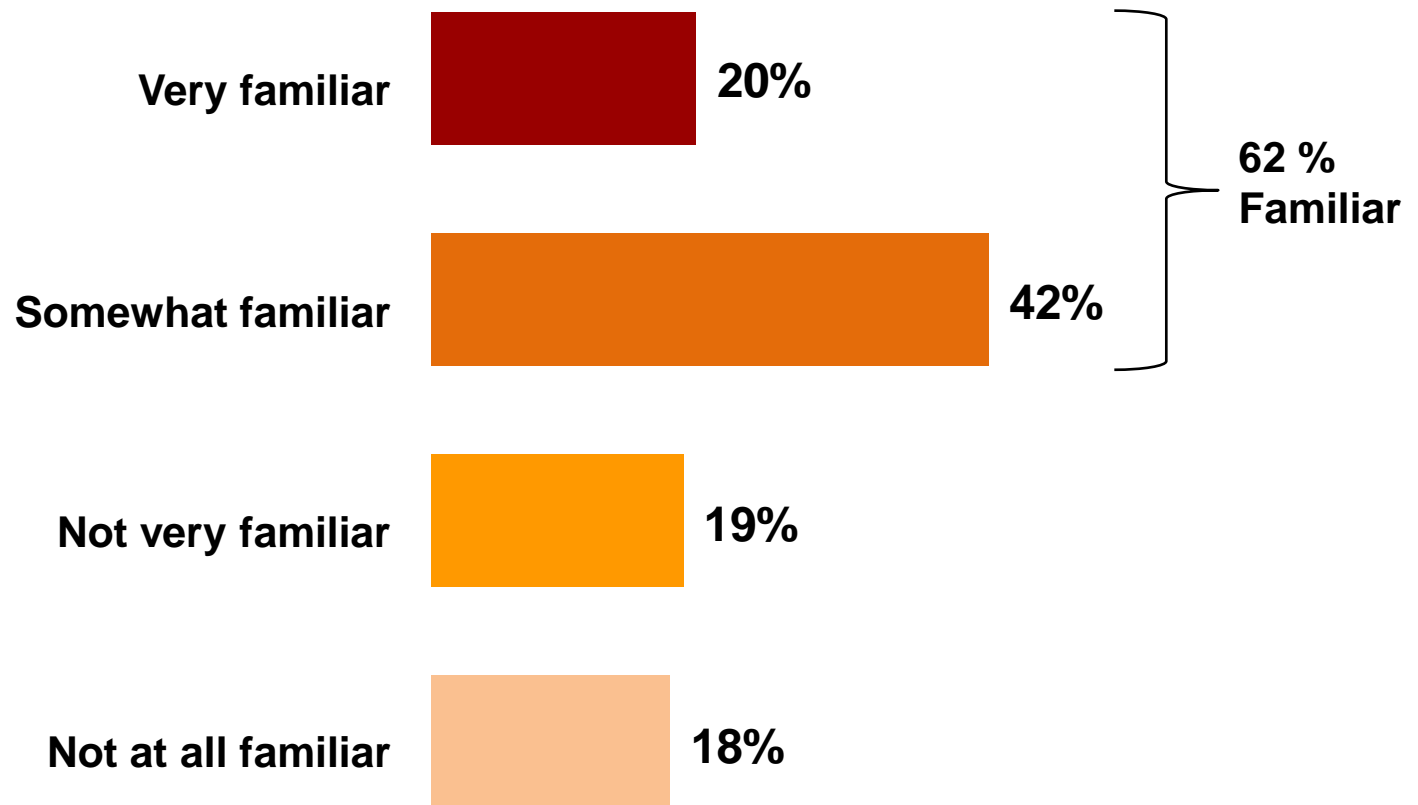
# Goals and Wave III / 2013 Additions

- To assess how general public would respond to possible scenario
  - What is their baseline understanding of the issues?
    - **2013:** *Are they aware of measures for prevention after exposure?*
  - What are their baseline predictions about their response?
    - **2013:** *Would they try to leave the city or town?*
  - Would they be willing to or able to follow recommendations?
    - **2013:** *Would they face swallowing challenges in trying to follow prophylaxis recommendations?*
  - How would they perceive response operations?
    - **2013:** *Would they approve of closed PODs?*

How knowledgeable is the public  
about “inhalation anthrax” and  
prevention after exposure?

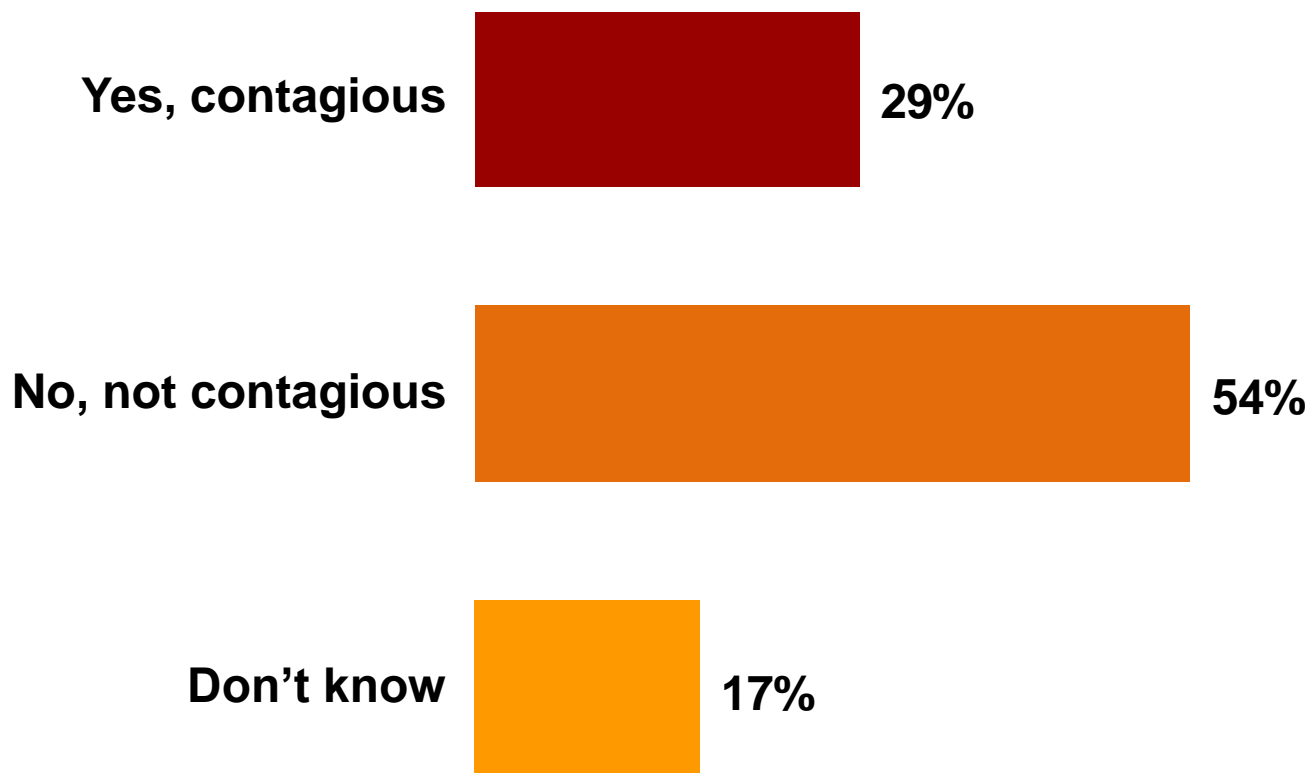
# Public Familiarity with the Term “Inhalation Anthrax”

% of adults saying...



# Mistaken Belief that Inhalation Anthrax is Contagious<sup>†</sup>

% of adults who are familiar\* with “inhalation anthrax” saying...



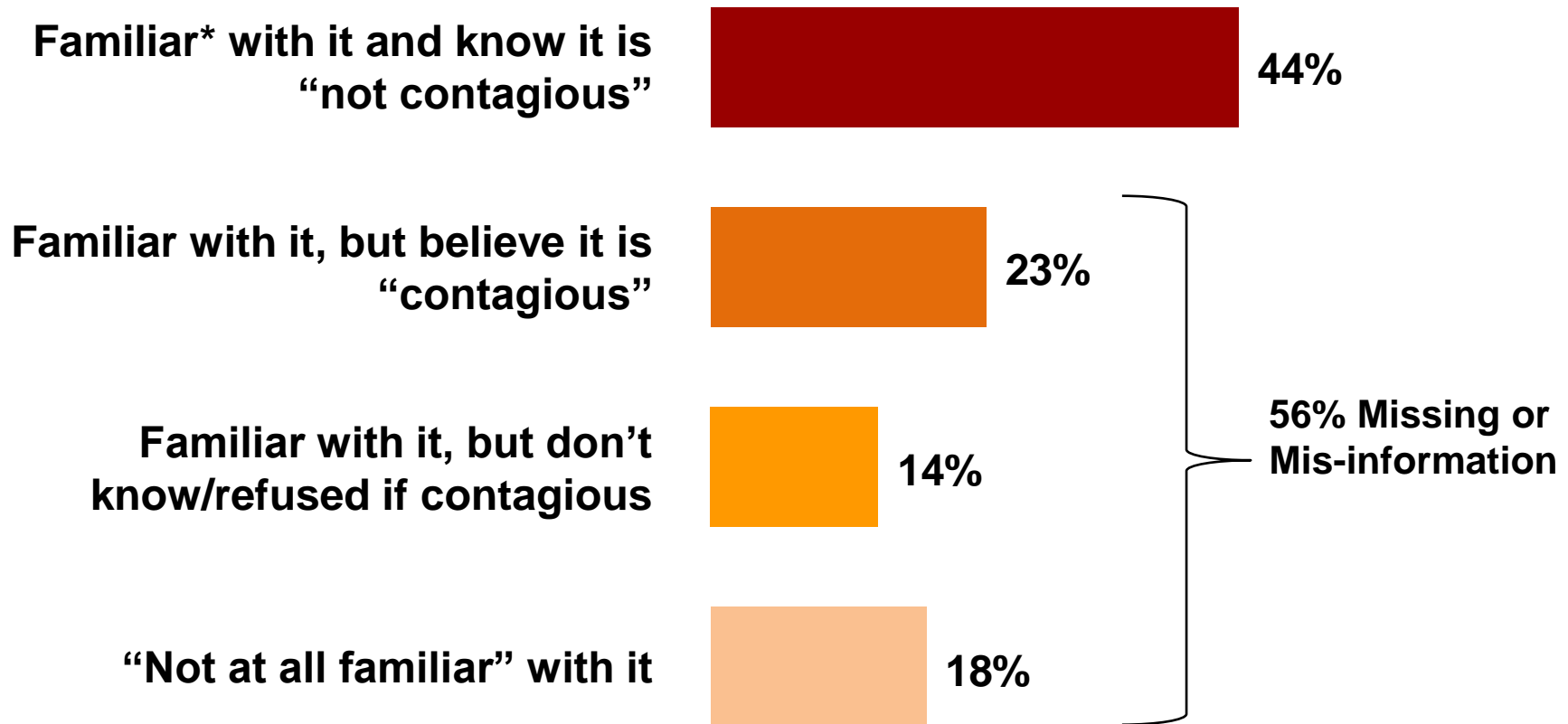
<sup>†</sup> “contagious” was defined in question as “it can be passed from person to person”

\*Among adults who are “very”, “somewhat familiar” or “not very” familiar with the term “inhalation anthrax” (n=1263)



# Public Familiarity with and Knowledge about “Inhalation Anthrax”

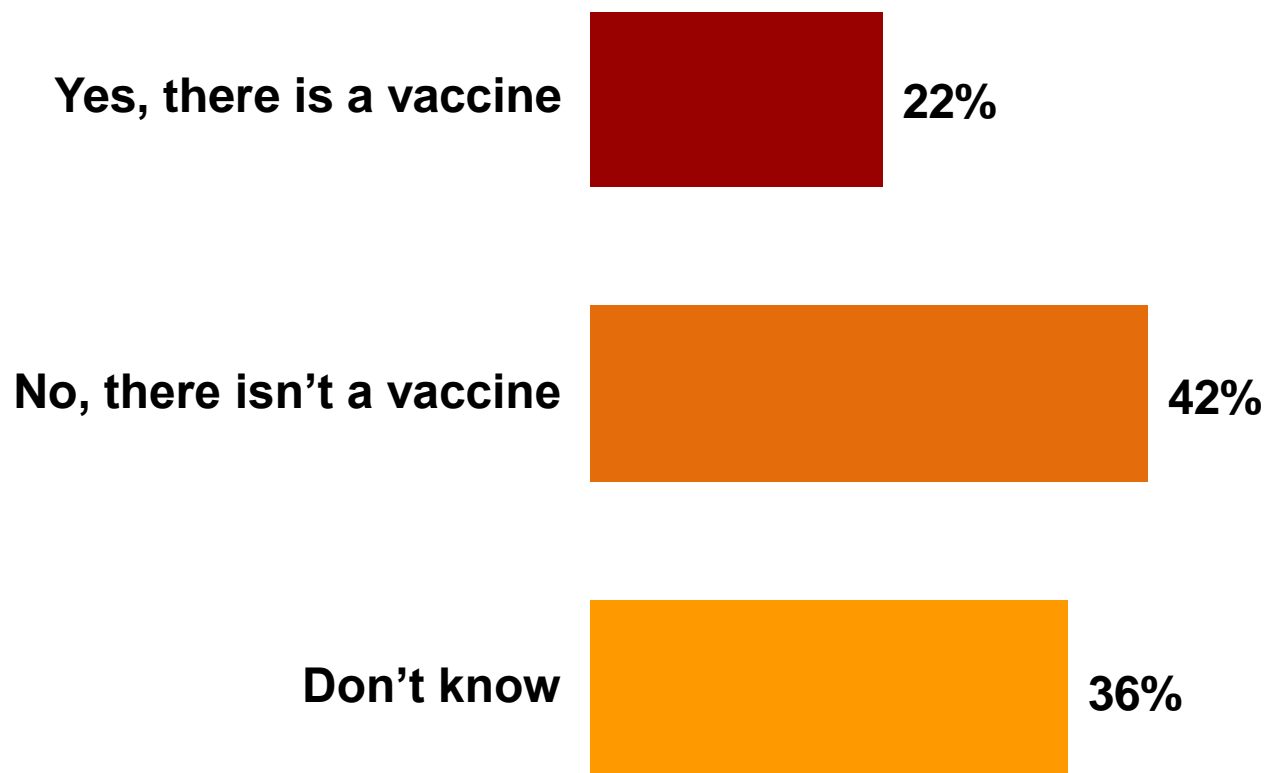
% of adults, when asked about the term “inhalation anthrax,” saying...



\*Adults who say they are “very,” “somewhat” or “not very familiar” with the term “inhalation anthrax”

# Public Knowledge of Vaccine to Prevent Illness or Death from Exposure to Anthrax

% of adults\* saying...

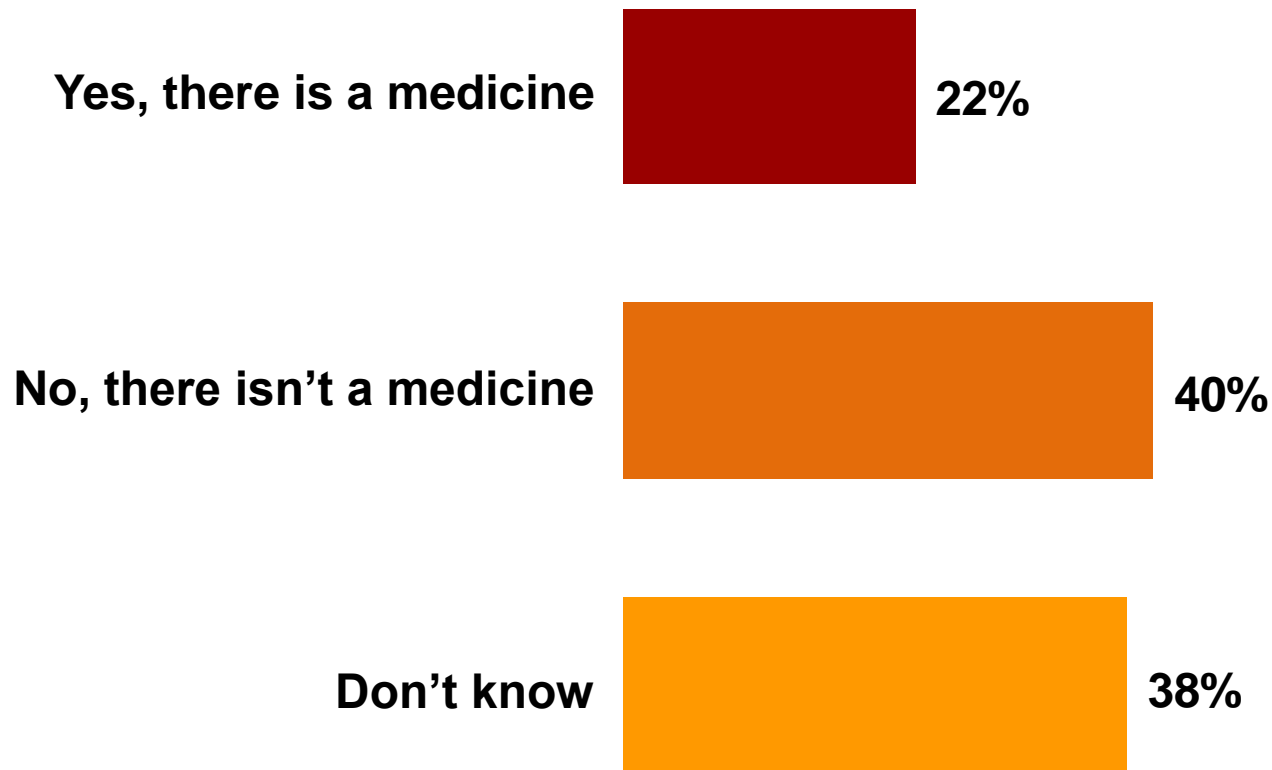


\*Among randomized two-thirds of respondents (n=983)

22

# Public Knowledge of Medicine (Besides Vaccine) to Prevent Illness or Death from Exposure to Anthrax

% of adults\* saying...



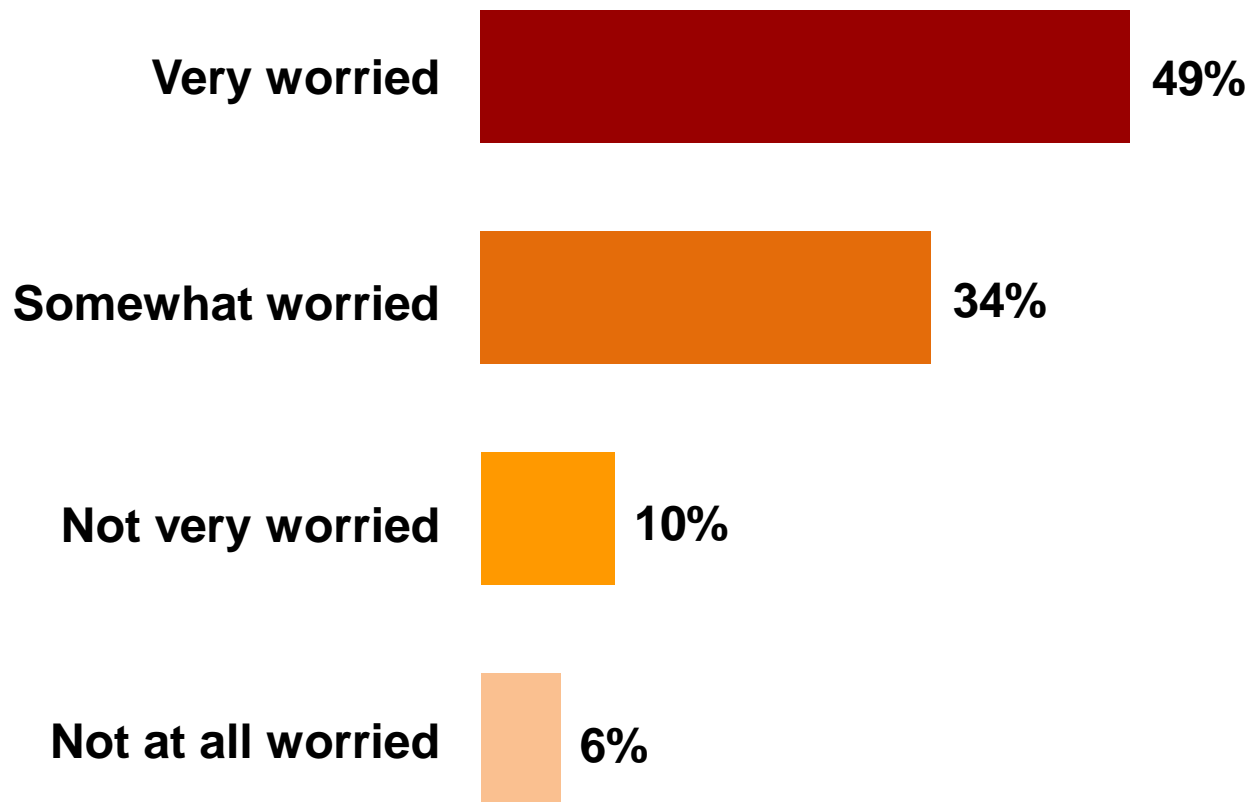
\*Among randomized two-thirds of respondents (n=983)

23

How is the public likely to react initially to news of anthrax cases in their city or town?

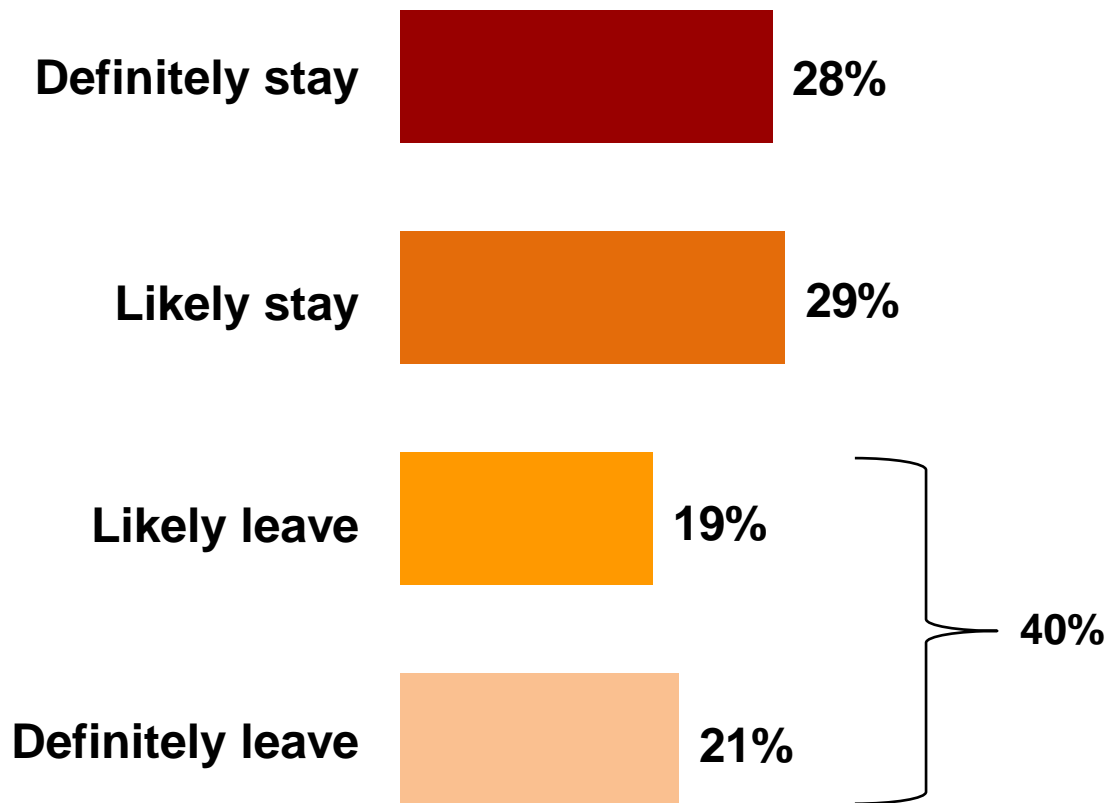
# Public Worry About Becoming Seriously Ill or Dying if Saw/Hear in News There Were Anthrax Cases in Their City or Town

% of adults saying...



# Public Likelihood of Leaving Town/City if Saw/Heard in News There Were Anthrax Cases in Their City or Town

% of adults\* saying...



\*Among randomized two-thirds of respondents (n=959)



# Major Reasons People Would Not “Definitely Stay” in City/Town if there was an Anthrax Attack

% of adults who would not “definitely stay” in city/town\* saying “major reason” was that they...

Could reduce the chance that I or my family would be exposed to anthrax that was still in buildings and other places **71%**

Could reduce the chance that I or my family would be exposed to anthrax from other people who were sick with it **56%**

Would be worried about a second anthrax attack in my city/town **43%**

Could get medicine - aside from vaccine - to prevent getting sick with anthrax more quickly somewhere else **38%**

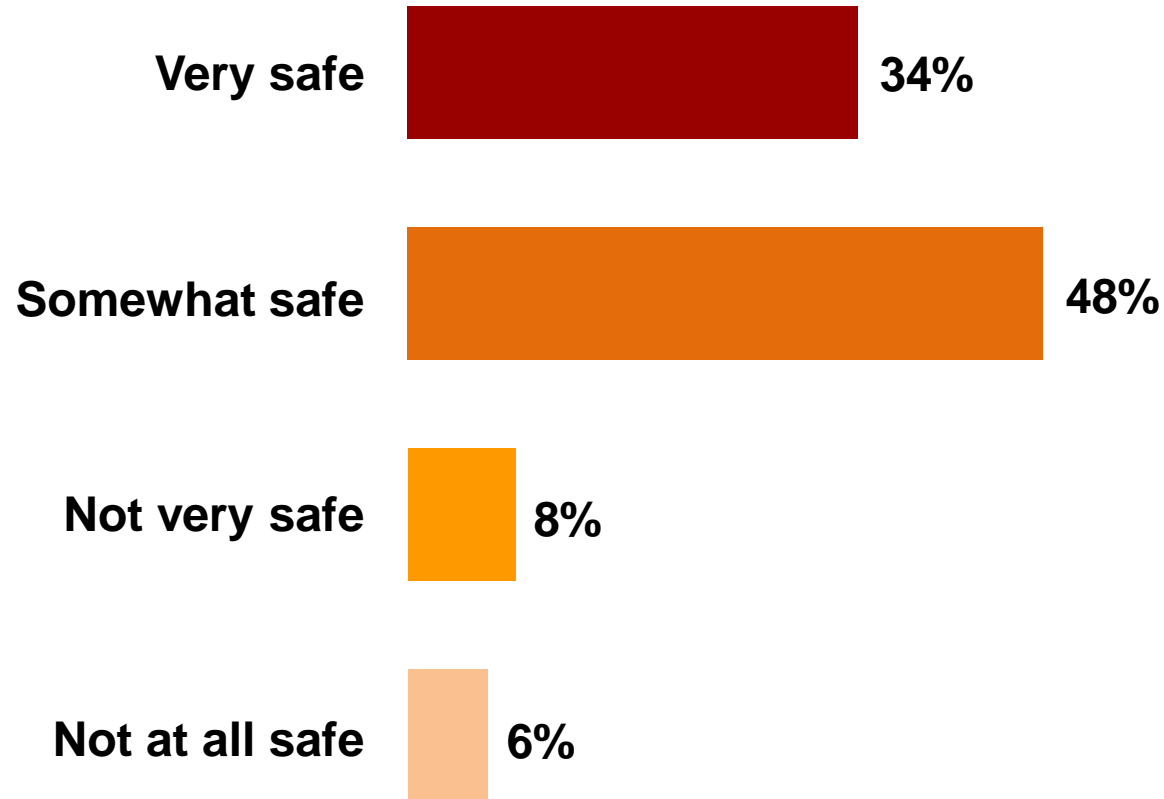
Could get vaccine to prevent getting sick with anthrax more quickly somewhere else **34%**

\*Among adults who might leave, would likely leave, definitely leave, or are not sure to stay or leave city/town (n=690) 27

Would the public believe public health officials' statements about the antibiotic pills?

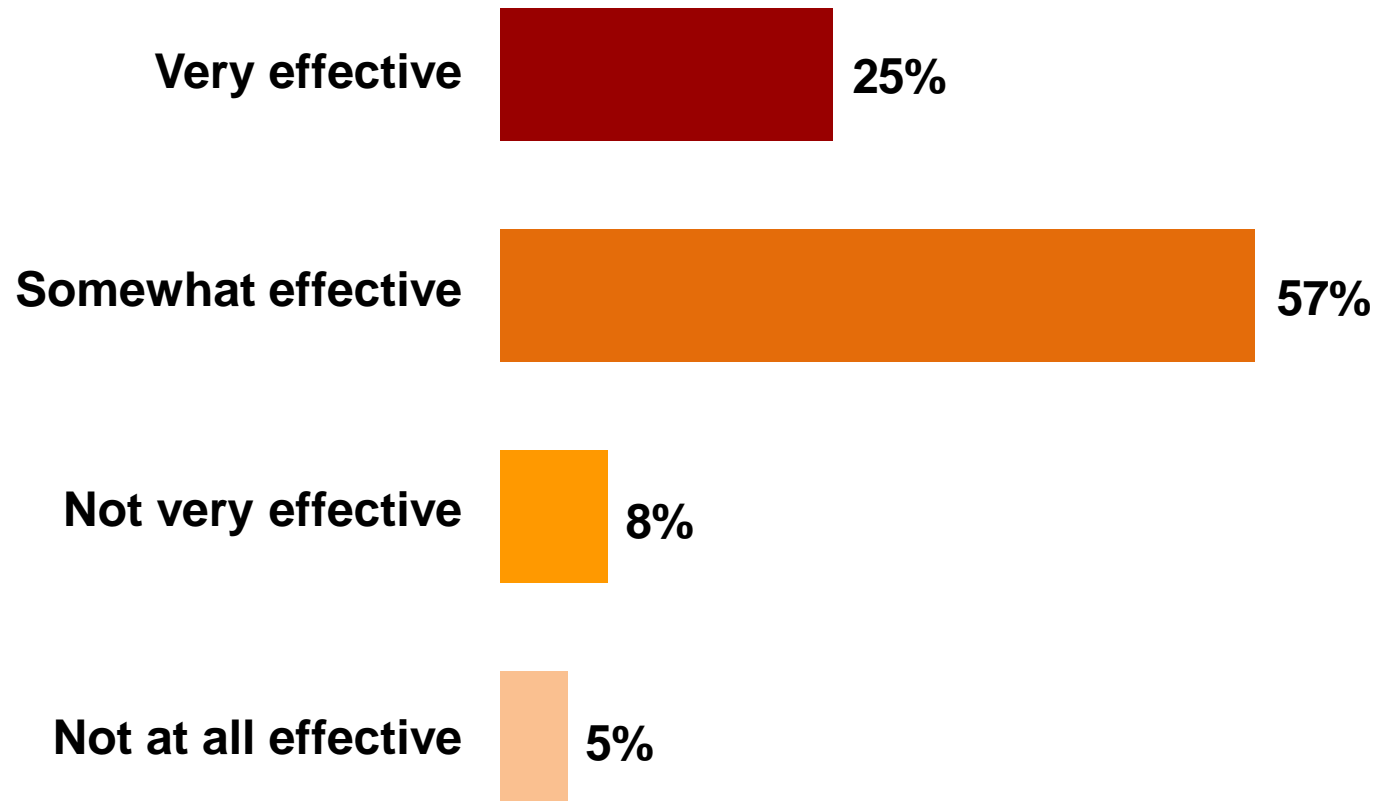
# Public Beliefs as to Whether Antibiotic Pills Used to Treat Anthrax Would Be Safe to Take

% of adults saying...



# Public Views on the Effectiveness of Antibiotic Pills in Preventing Them from Becoming Seriously Ill or Dying if Exposed to Anthrax

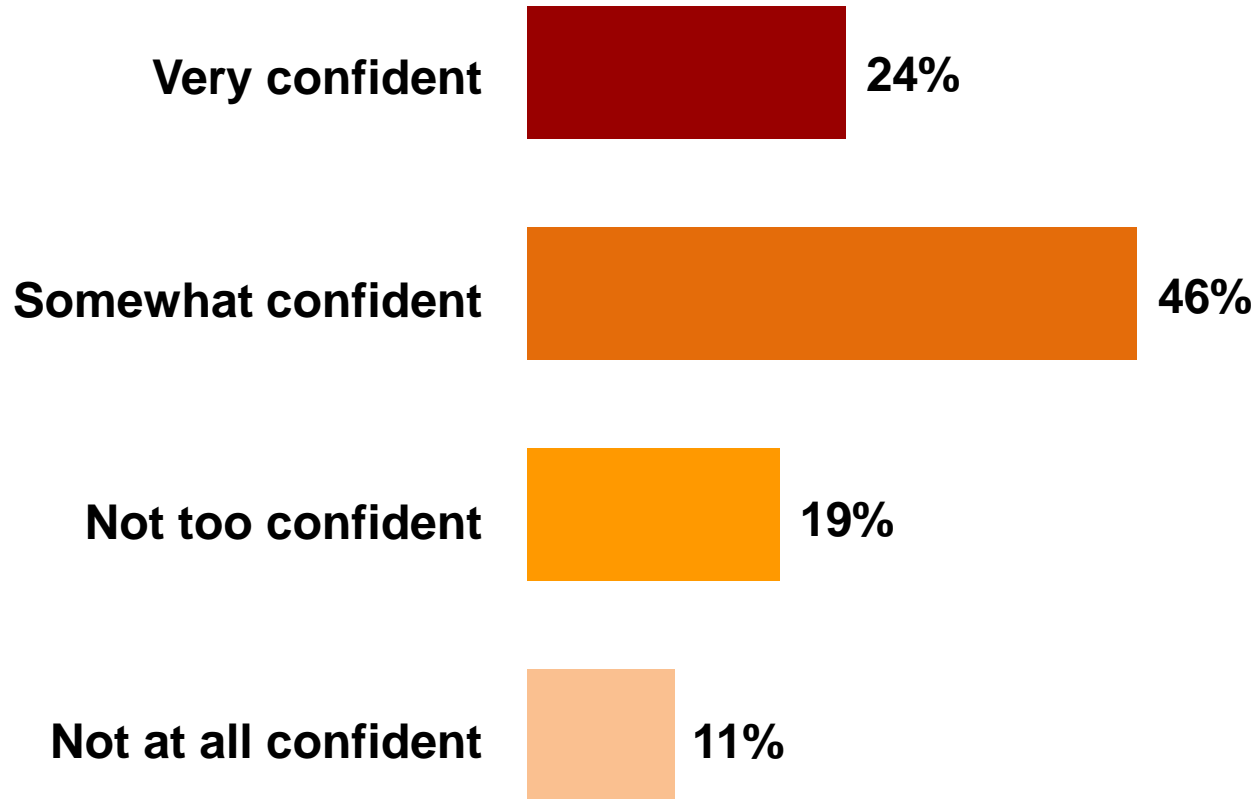
% of adults saying...



How confident is the public in  
the government's ability  
to deliver the antibiotic pills?

# Public Confidence that the Government Has a Sufficient Supply of Antibiotic Pills

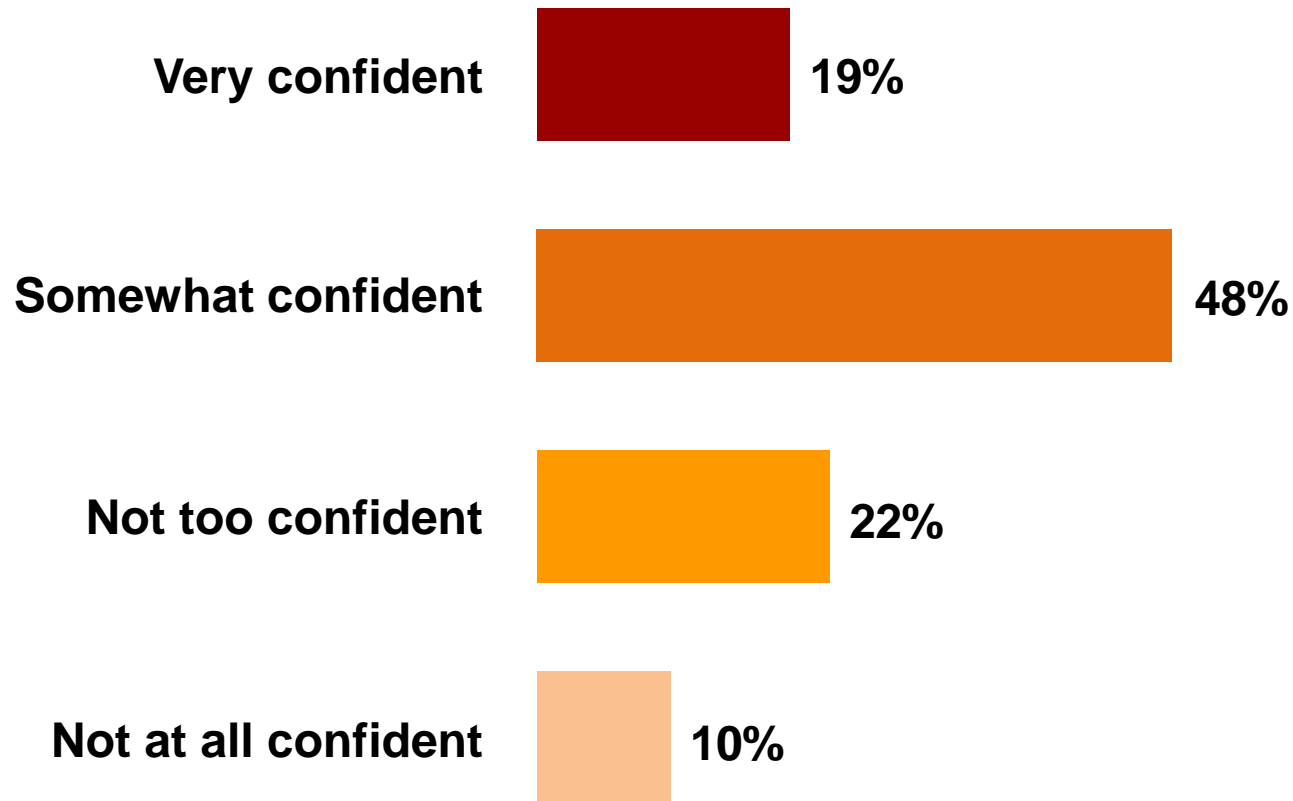
% of adults saying...





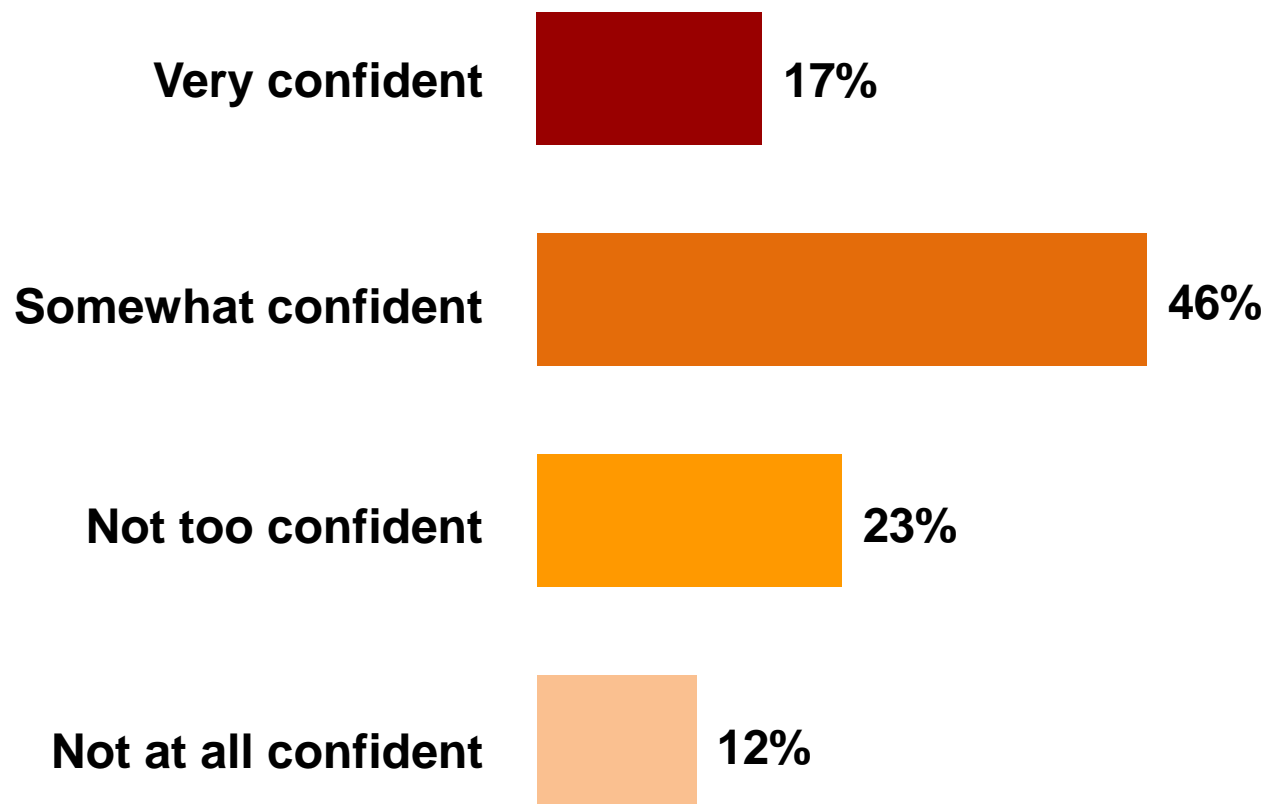
# Public Confidence in Ability of Local and State Public Health Agencies to Deliver Antibiotic Pills to the Public

% of adults saying...



# Public Confidence in Ability of Federal Public Health Agencies to Deliver Antibiotic Pills to Local or State Public Health Agencies

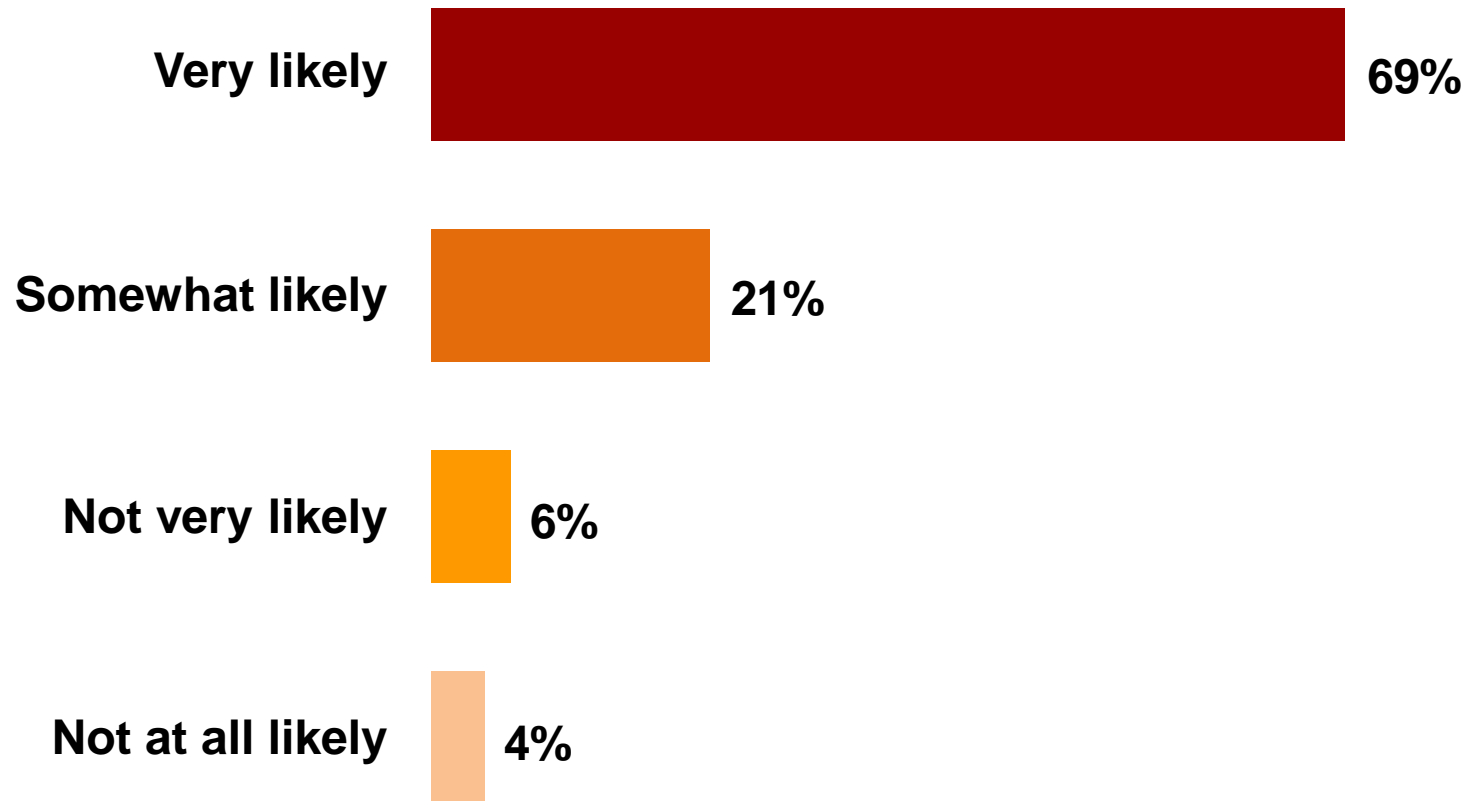
% of adults saying...



Is the public likely to follow  
public health officials' initial  
recommendations to pick up  
prophylactic antibiotic pills?  
If not, why not?

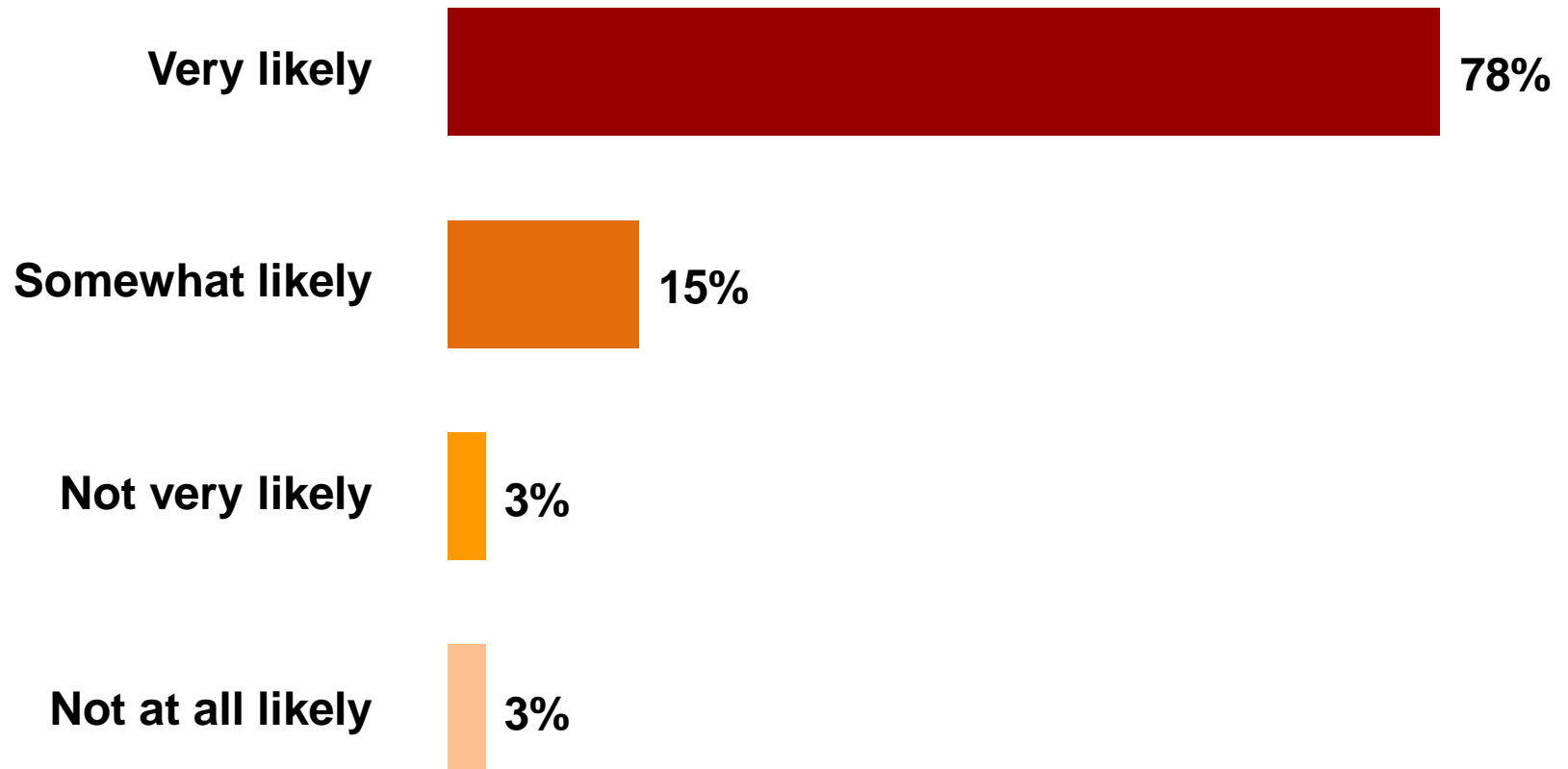
# Public Views on Whether They Would Go to a Dispensing Site to Get Antibiotic Pills for Themselves within 48 Hours of Confirmed Anthrax Cases

% of adults saying...



# Parents' Views on Whether They Would Go to a Dispensing Site to Get Antibiotic Pills for Their Children within 48 Hours of Confirmed Anthrax Cases

% of parents\* saying...

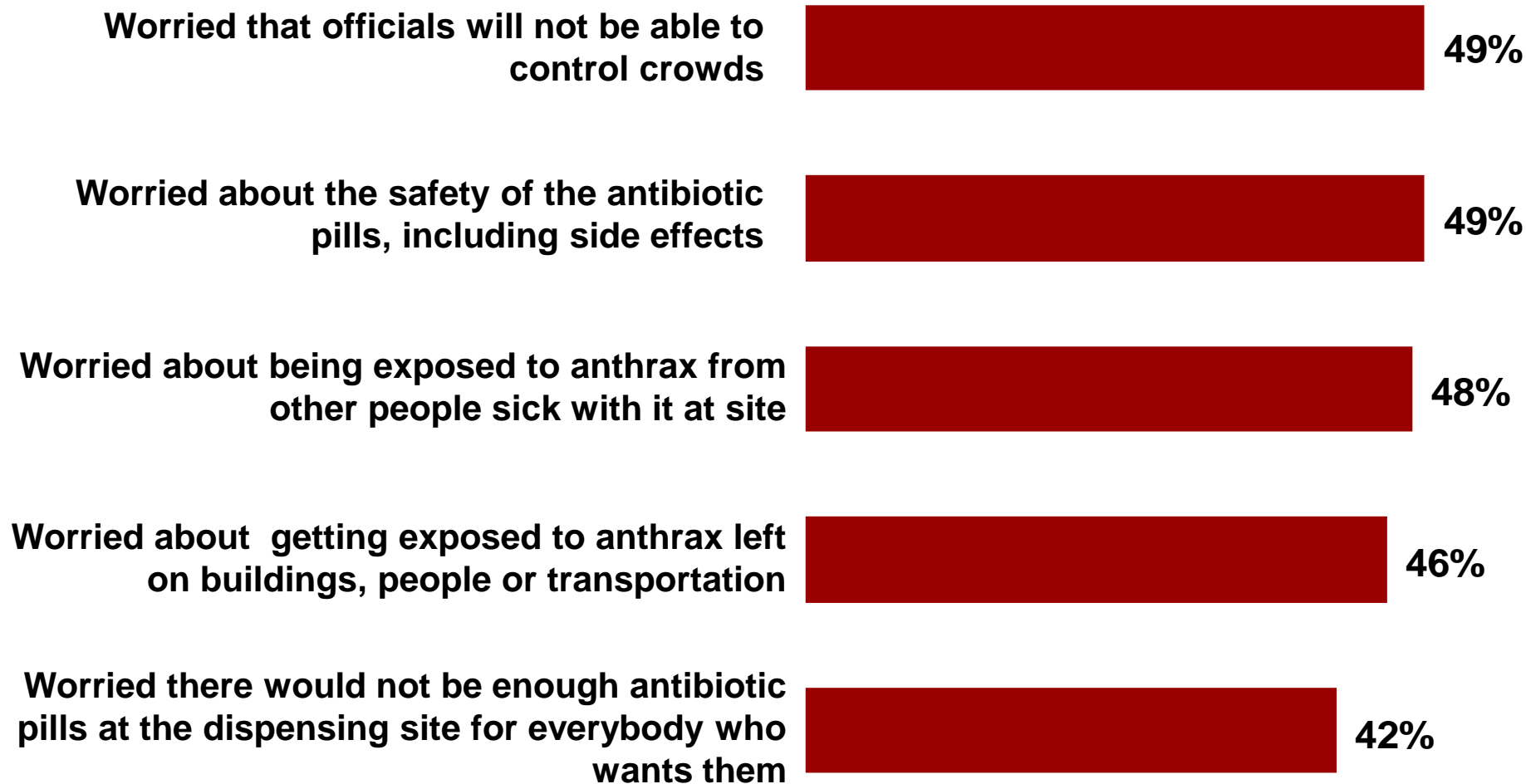


\*Among parents of children in household (n=676)

37

# Top Major Reasons People are Unlikely or Only Somewhat Likely to Go to Dispensing Site within 48 hours to Get Antibiotics

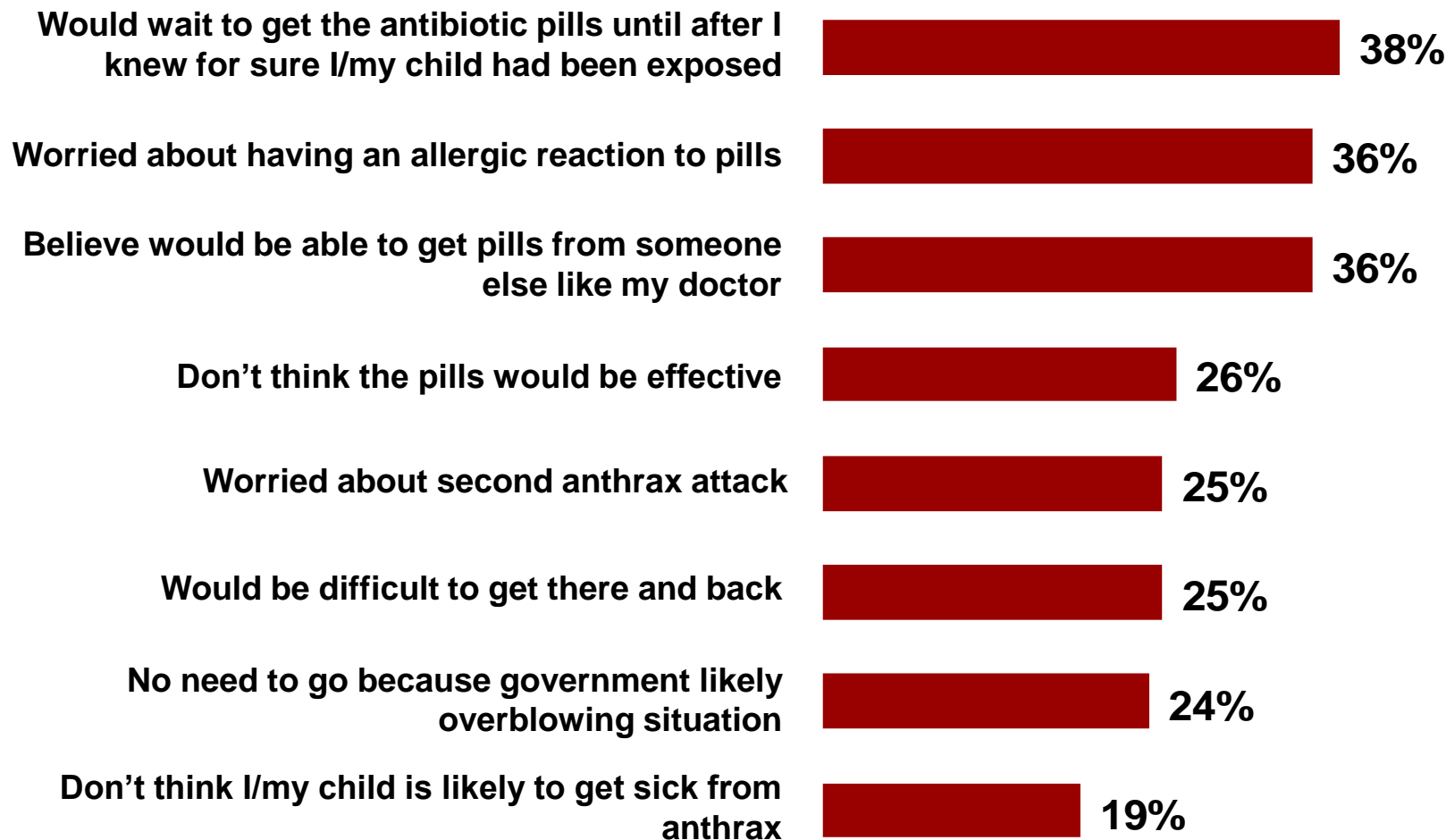
% of adults who are unlikely or only somewhat likely to go\* saying “major reason” was that they were...



\*Among adults who would be unlikely or only somewhat likely to go to a dispensing site within 48 hours in order to get antibiotic pills for themselves or their children (n=480)

# Other Major Reasons People are Unlikely or Only Somewhat Likely to Go to Dispensing Site within 48 hours to Get Antibiotics

% of adults who are unlikely or only somewhat likely to go\* saying “major reason” was that they were...



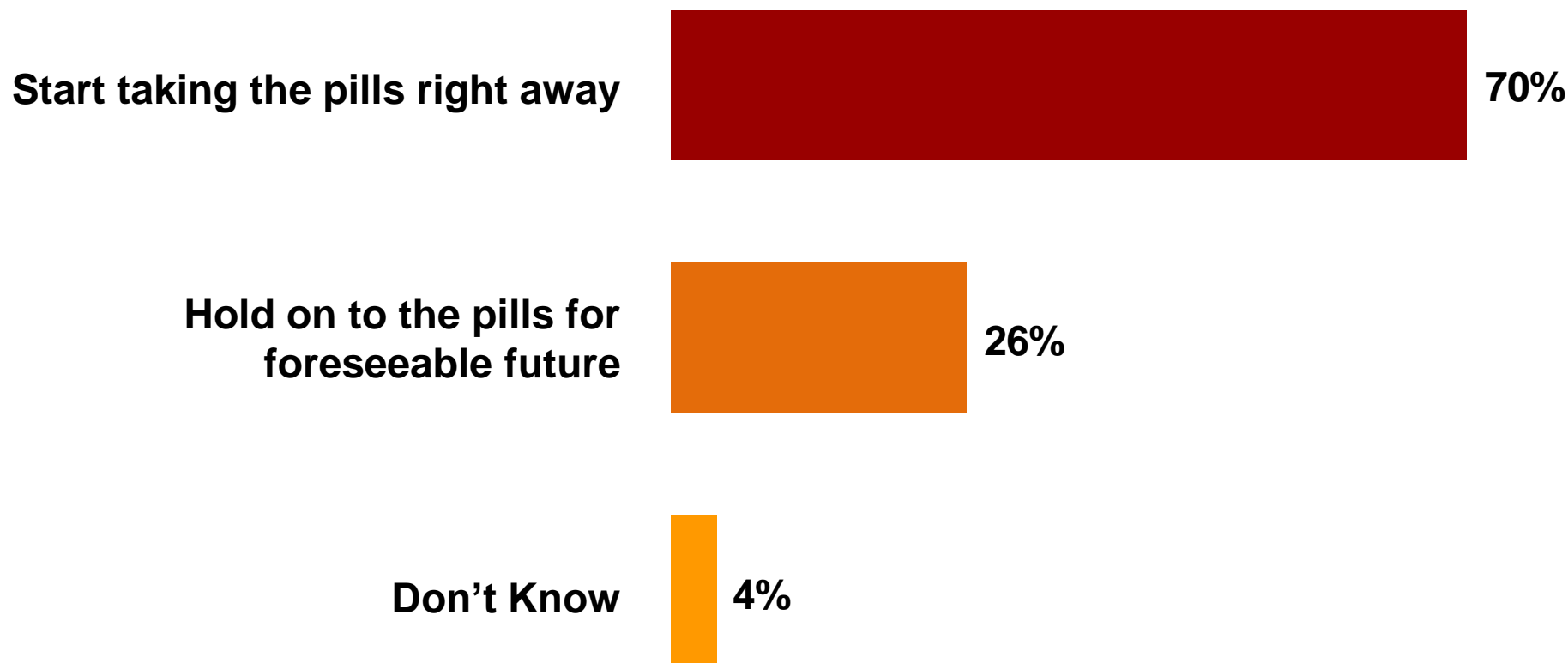
\*Among adults who would be unlikely or only somewhat likely to go to a dispensing site within 48 hours in order to get antibiotic pills for themselves or their children (n=480)

If people go to the site,  
would they take the pills or hold on to  
them?  
If not, why not?



# Public Views on Whether They Would Start Taking Antibiotic Pills Right Away or Hold Onto Them

% of adults who are likely to go to dispensing site\* saying they would be most likely to...



\*Among adults who are "very" or "somewhat" or likely to go (n=1359)

# Parents' Views on Whether They Would Start Giving their Children the Pills Right Away or Hold Onto Them

% of parents who are likely to go to dispensing site\* saying they would be most likely to...

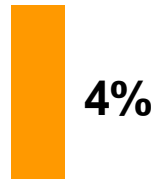
**Start giving the pills to child  
right away**



**Hold on to the pills for  
foreseeable future**



**Don't Know**



\*Among parents who are "very" or "somewhat" or likely to go for their children (n=633)

42

# Major Reasons People Say They Will Hold Onto Pills

% of adults who would hold onto the pills\*  
saying issue was a “major reason”

**Would only use pills if I/my children  
had symptoms**



**Would only use pills if I knew  
anthrax was released where I/my  
children had been**



**Would want to hold onto pills in  
case of second attack**



\*Among adults who would hold onto the pills rather than take them or give them to their children (n=434)

43

If people get antibiotics, would they  
or their children have a problem  
swallowing the pill form?

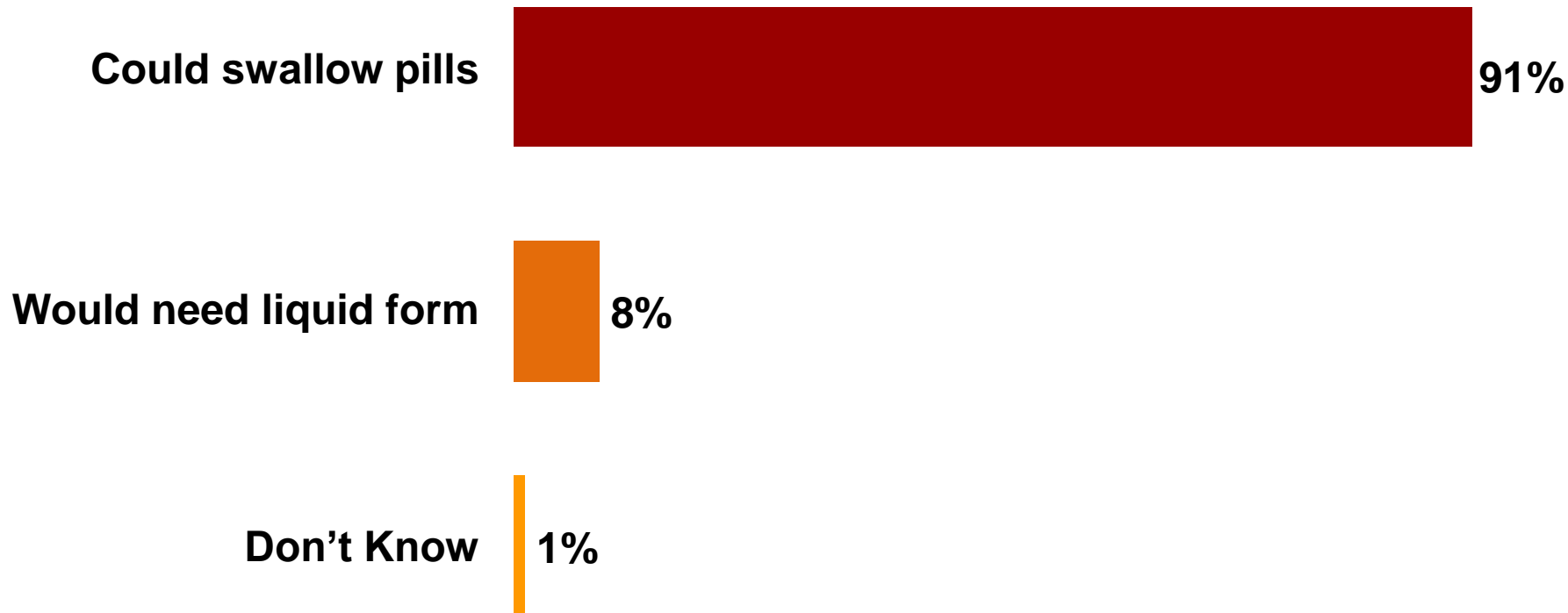
Do parents have a scale at home to  
weigh their children in order to give  
them suspension or crushed pills as  
needed?

# Methods for Swallowing Questions

- Swallowing questions focus on ability to swallow pills the size of an aspirin at least 2 times a day for 10 days
  - Asked of all adults and parents of children who meet 90-pound weight criteria for pills
  - Asked about each child individually to maximize respondents
  - Weight screening for each child who was at least 8 years old to maximize question efficiency
    - virtually all children under age 8 weight <90 pounds – see:  
2000 CDC Growth Charts for the United States: Methods and Development  
<http://www.cdc.gov/growthcharts/2000growthchart-us.pdf>

# Adults' Ability to Swallow Pills According to Prophylaxis Regimen<sup>§</sup>

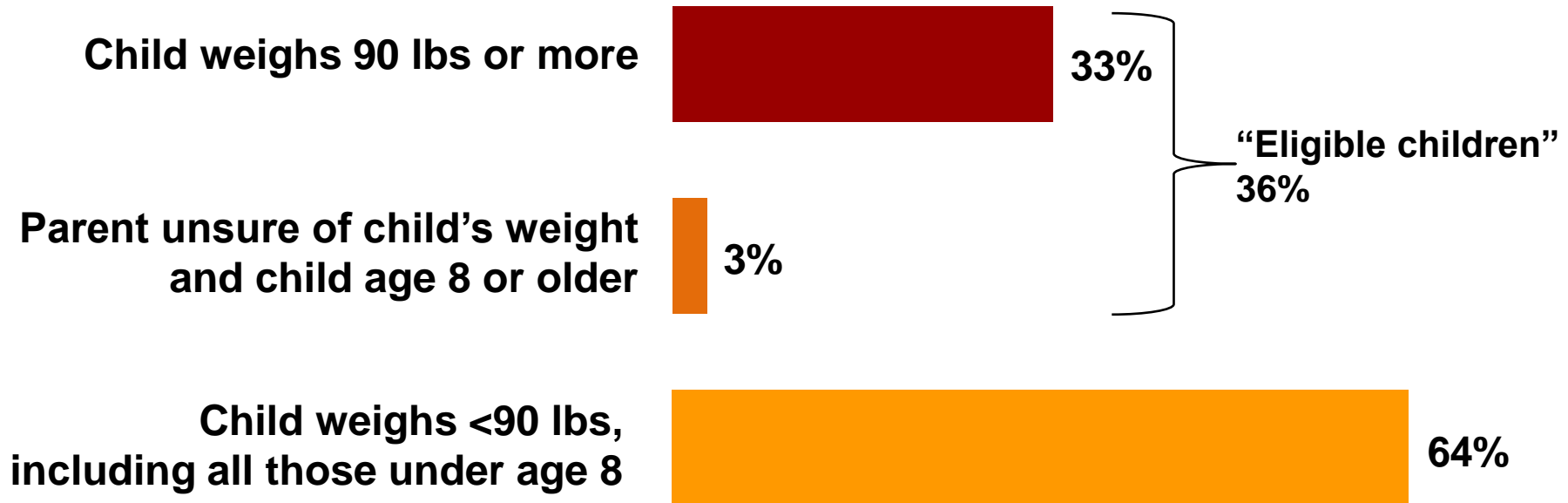
% of adults saying...



<sup>§</sup>Regimen described as having to take an uncoated, aspirin-sized pill at least twice a day for 10 days.

# “Eligible Children”: Those who Meet Weight Eligibility for Pill Prophylaxis Regimen<sup>§</sup>

% of children\* where...



<sup>§</sup>Regimen described as having to take an uncoated, aspirin-sized pill at least twice a day for 10 days.

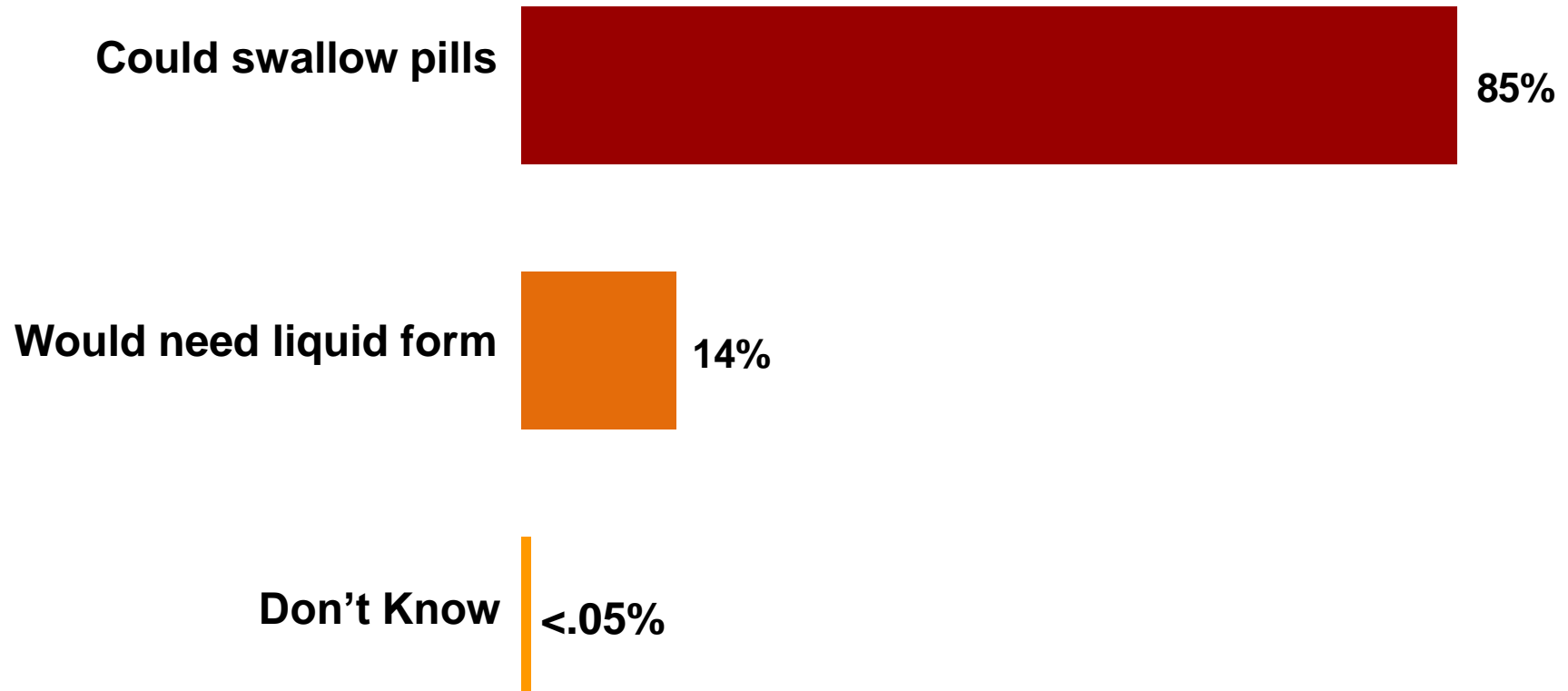
\*(n=1307)

Note: Only parents of children age 8 or over asked about child's weight as virtually all children under age 8 weigh less than 90 pounds. See: 2000 CDC Growth Charts for the United States: Methods and Development;

<http://www.cdc.gov/growthcharts/2000growthchart-us.pdf>

# Children's Ability to Swallow Pills According to Prophylaxis Regimen§

% of eligible children who...



§Regimen described as having to take an uncoated, aspirin-sized pill at least twice a day for 10 days.

\*Children weighing 90 pounds or children older than age 8 whose parents could not say whether they weighed more or less than 90 pounds (n=483)



# Children's Ability to Swallow Pills According to Prophylaxis Regimen§

% of all children\* where...

**Child is eligible† and could swallow pills**



**30%**

**Child is eligible but would need a liquid form**



**5%**

**Child is eligible but parent does not know if child could swallow pills**



**1%**

**Child is not eligible**



**64%**

**Children who likely need liquid form  
70%**

\*Among children under age 18 in household (n=1307)

§Regimen described as having to take an uncoated, aspirin-sized pill at least twice a day for 10 days.

† Defined as children weighing 90 pounds or children older than age 8 whose parents could not say whether they weighed more or less than 90 pounds

# Parents Who Say They Have a Scale at Home On Which They Can Weigh Their Children

% of parents\* saying...

**Yes, they have a scale  
at home**



**60%**

**No, they do not have a  
scale at home**



**39%**

**Don't Know**



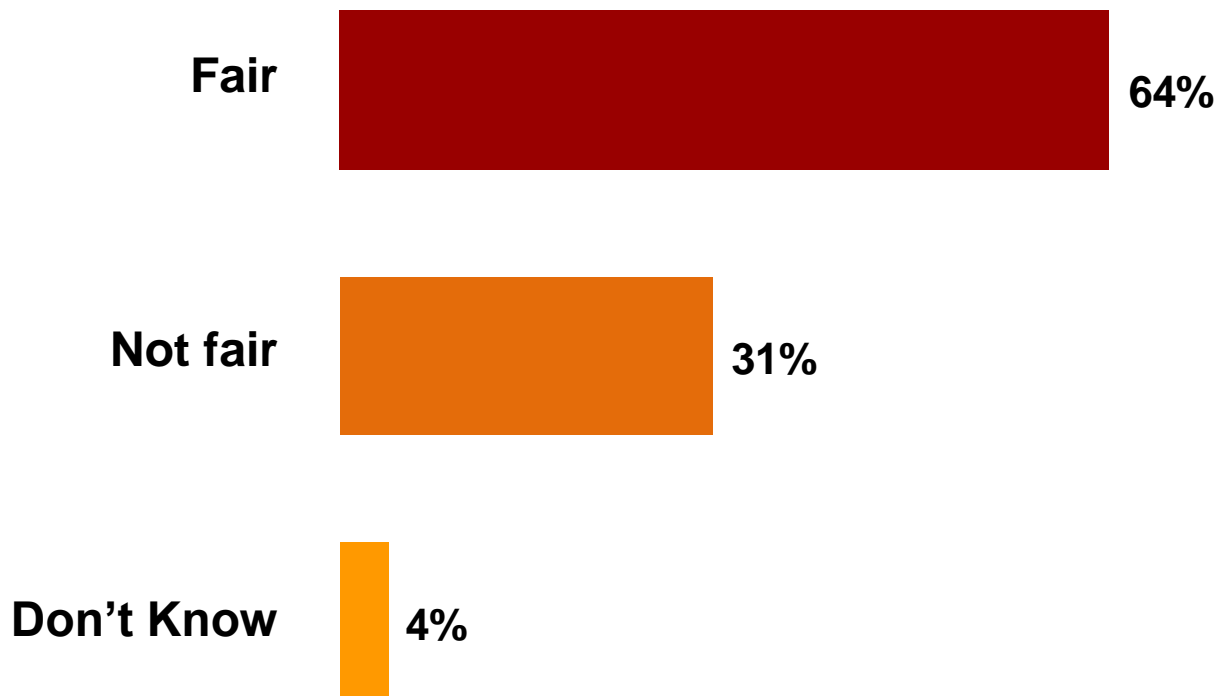
**1%**

\*Note: this question is from a follow-up poll conducted from February 6 to February 24, 2013 of 622 parents/guardians with a sampling error or 4.4%.

Would the public perceive closed  
PODs as fair and efficient, or not?

# Public Views on Fairness of Closed PODs

% of adults saying...



\*Description in poll: In order to deliver pills to everyone more quickly, state and local government could give some antibiotic pills to large employers, such as companies, government agencies, hospitals, or universities, and these employers would then be responsible for dispensing pills only to their employees or students.

# Public Agreement that Closed PODs Mean Everyone would get Pills More Quickly

% of adults saying...

**Yes, everyone would get  
pills more quickly**



**70%**

**No, everyone would not  
get pills more quickly**



**26%**

**Don't Know**



**4%**

\*Description in poll: In order to deliver pills to everyone more quickly, state and local government could give some antibiotic pills to large employers, such as companies, government agencies, hospitals, or universities, and these employers would then be responsible for dispensing pills only to their employees or students.

# A Focus on Racial/Ethnic Minorities

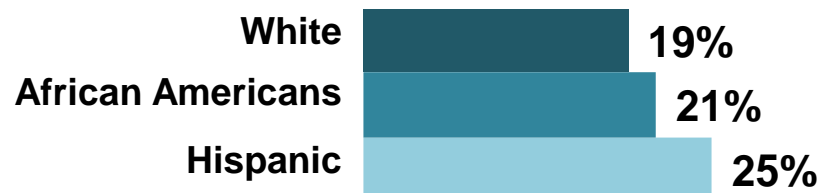
*Please note that racial/ethnic differences were assessed only on questions new to this poll; wave II has larger sample sizes for analyses on other questions.*

*Results from Wave II were published in Biosecurity and Bioterrorism.  
SteelFisher et al. Vol 10(4):401-411, 2012.*

# Public Knowledge of Medicine (Besides Vaccine) to Prevent Illness or Death from Exposure to Anthrax, by Race

% of adults\* saying...

## Yes, there is a medicine



## No, there isn't a medicine



## Don't know

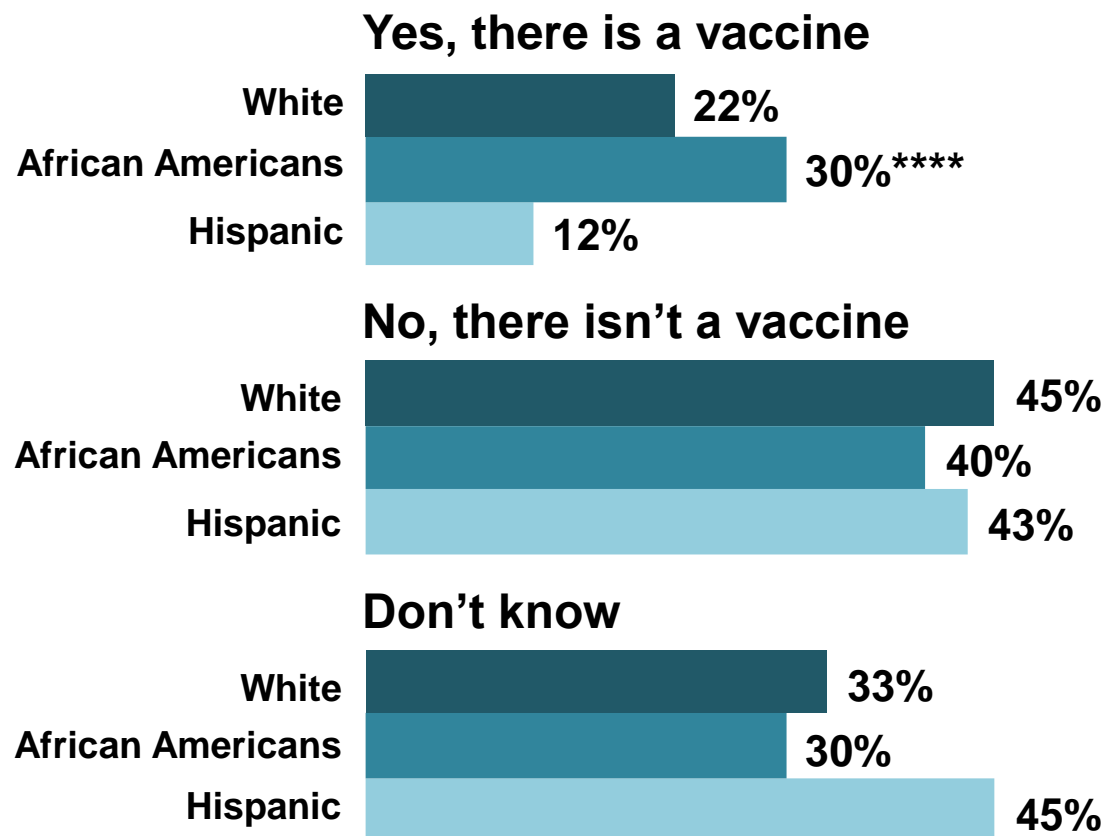


\*\*\*\*Statistically significantly greater than Hispanics

\*Among randomized two-thirds of respondents [n=702 (white); 115 (African Americans); 101 (Hispanic)]

# Public Knowledge of Vaccine to Prevent Illness or Death from Exposure to Anthrax, by Race

% of adults\* saying...



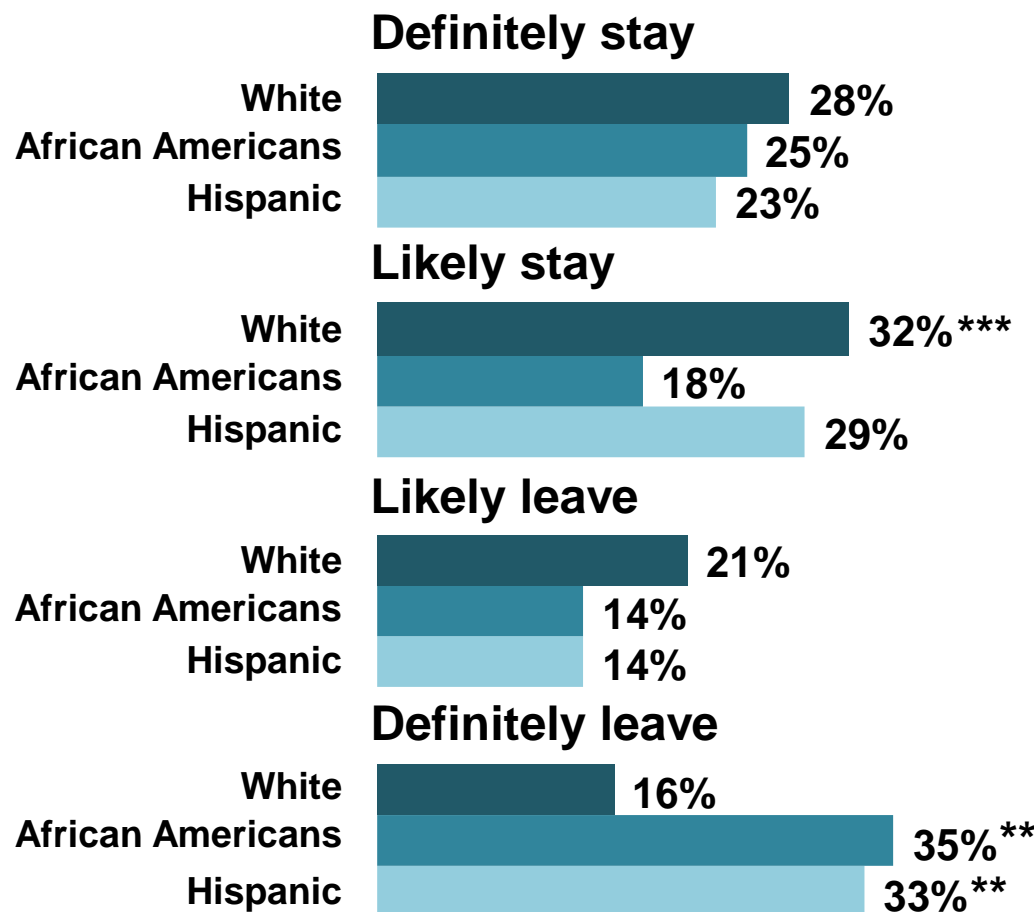
\*\*\*\*Statistically significantly greater than Hispanics

\*Among randomized two-thirds of respondents [n=702 (white); 115 (African Americans); 101 (Hispanic)]



# Public Likelihood of Leaving Town/City if Saw/Hear in News There Were Anthrax Cases in Their City or Town, by Race

% of adults\* saying...



\*\*Statistically significantly greater than whites

\*\*\*Statistically significantly greater than African Americans

\*Among randomized two-thirds of respondents [n=699 (white); 114 (African Americans); 85(Hispanic)]

# Public Views on Fairness of Closed PODs by Race/Ethnicity

% of adults saying...

## Fair



## Not fair



## Don't Know



\*\*Statistically significantly greater than whites

\*\*\*\*Statistically significantly greater than Hispanics

[n=1071 (white); 171 (African Americans); 158 (Hispanic)]

Description in poll: In order to deliver pills to everyone more quickly, state and local government could give some antibiotic pills to large employers, such as companies, government agencies, hospitals, or universities, and these employers would then be responsible for dispensing pills only to their employees or students.

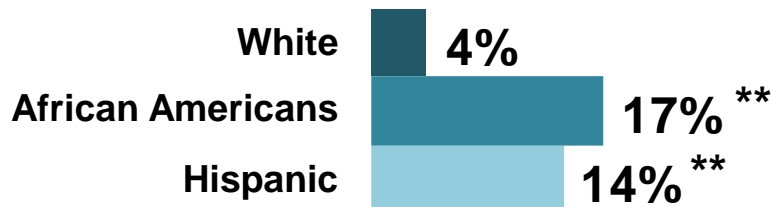
# Adults' Ability to Swallow Pills According to Prophylaxis Regimen<sup>§</sup>, by Race/Ethnicity

% of adults saying...

## Could swallow pills



## Would need liquid form



## Don't Know



\*Statistically significantly greater than African Americans and Hispanics

\*\*Statistically significantly greater than whites

[n=1071 (white); 171 (African Americans); 158(Hispanic)]

<sup>§</sup>Regimen described as having to take an uncoated, aspirin-sized pill at least twice a day for 10 days.

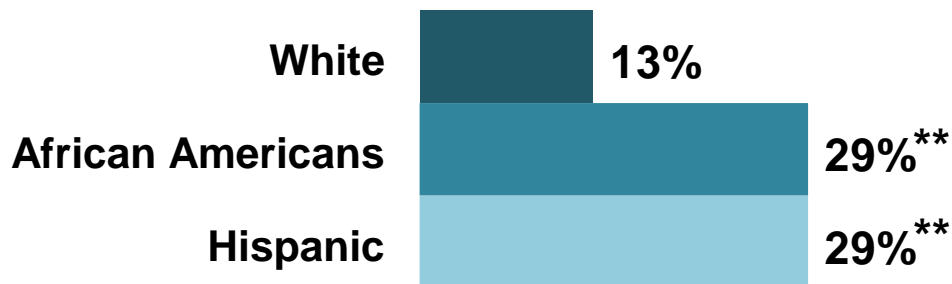
# Parents with Eligible Children<sup>†</sup> Who Could Not Swallow Pills According to Prophylaxis Regimen<sup>§</sup>, by Race/Ethnicity

% of parents of eligible children<sup>†</sup> saying...

## All eligible children could swallow pills



## At least one eligible child would need liquid form



\*Statistically significantly greater than African Americans and Hispanics

\*\*Statistically significantly greater than whites

§Regimen described as having to take an uncoated, aspirin-sized pill at least twice a day for 10 days.

† Defined as parents of children weighing 90 pounds or children older than age 8 whose parents could not say whether they weighed more or less than 90 pounds [n=203 (white); 56 (African Americans); 60 (Hispanic)]

# Appendix I: Scenario Read to Respondents

## Scenario Stage 1: Confirmed Cases of Anthrax Caused by Release of Anthrax in Unknown Location

Suppose for a minute you saw or read in the news that a number of people in your city or town have become ill with what investigators believe is “inhalation anthrax,” which is a kind of anthrax people get through the nose or mouth. All of these people are seriously ill, and some have died. Investigators suspect that there has been a bioterrorist attack in your city or town. They believe that many more people have been exposed to the anthrax, but they do not yet know exactly where in the city or town the anthrax was released.

## Scenario Stage 2: Prophylactic Treatment

Suppose that you saw or read in the news that people who were truly exposed to anthrax would be very likely to get seriously ill or even die if they did not receive medicine within 48 hours, and that your local or state public health agency was making free medicine available to everyone in your city or town who wanted it.

Everyone would be offered a 10-day supply of commonly-used antibiotic pills. Public health officials would say that the antibiotic pills would have few side effects for most people; most commonly, these would be mild stomach illnesses. Public health officials would also inform people that there would be special medicine available for anyone who had allergies to antibiotics and that there would be medicine available in the right amount for children.

## Scenario Stage 3: Role of Federal and Local or State Public Health Agencies in Delivering Antibiotic Pills

Now imagine that public health officials stated that there will be enough of these antibiotics available for everyone in your town or city. In order to get the antibiotic pills to everyone within 48 hours, federal public health agencies would deliver the medication to your local or state public health agency. Your local or state public health agency would then set up dispensing sites in places like schools, community centers or shopping centers around your city or town.



## Scenario Stage 4: Public Health Officials Set Up Dispensing Sites to Distribute First Round of Antibiotic Pills

Public health officials would say that there would be a dispensing site no more than 20 minutes away from where you live or work, and it would be open 24 hours a day. They would also say that everyone would be able to pick up medicine for people in their household or family.

## Scenario Stage 5: The Frequency and Size of the Antibiotic Pills Being Distributed

The antibiotic pills you would receive from a dispensing site would be approximately the size of a common aspirin, and would not have any coating. A person would need to take an antibiotic pill like this at least twice per day for 10 days.

## Scenario Stage 6: Alternative Way of Dispensing Pills

In order to deliver pills to everyone more quickly, state and local government could give some antibiotic pills to large employers, such as companies, government agencies, hospitals, or universities, and these employers would then be responsible for dispensing pills only to their employees or students.

*The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.*



**Centers for Disease Control and Prevention  
Atlanta, Georgia**

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**Understanding the Public's Response to a Possible Scenario Involving Inhalation Anthrax**

 = Continuing Education

**Date:** Tuesday, July 23, 2013

**Time:** 2:00 - 3:00 pm (Eastern Time)


**Location:** Participate by Phone:


**Dial:** 888-233-9077 

**Passcode:** 8674163

**Participate by Webinar:** <https://www.mymeetings.com/nc/join.php?i=PW1019513&p=8674163&t=c>

**Presenter(s):**

 **Gillian SteelFisher, PhD, MSc**  
Harvard Opinion Research Program  
Harvard School of Public Health

 **Laura J. Ross, PhD**  
Division of State and Local Readiness  
Office of Public Health Preparedness and Response  
Centers for Disease Control and Prevention

**Overview:**

In planning an effective response to a bioterrorism incident, it is critical to understand and anticipate the public's viewpoint, their perceptions of the threat and their intended behaviors. This includes their likelihood of taking recommended precautions and their likelihood of taking matters into their own hands. In particular, it is important to understand the perspective of racial/ethnic minority groups given that these communities may be disproportionately affected in a real attack. During this webinar, subject matter experts will discuss results from public opinion polls conducted between December 2012 to January 2013, which assessed how people would respond to a possible release of anthrax spores in an unidentified area.

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